



CENTRAL METHODIST UNIVERSITY

Student Internship Agreement

(This is a release, please read carefully)

I, _____, ID# _____ am a degree-seeking student at Central Methodist University and
(Student Name)
plan to undertake an internship during _____ at the _____.
(term/year) *(Internship Site/Location)*

Central Methodist University (hereinafter "University") does not control the way in which the internship work experience and the internship site is structured or operates. In granting academic credit for this internship, the University affirms that, to the best of its judgment, the experience is an appropriate curricular option for students and worthy of University credit but makes no other assurances, expressed or implied, about any travel and living arrangements the student arranges. The University does not knowingly approve internship opportunities which pose undue risks to their participants. However, any internship or travel carries with it potential hazards which are beyond the control of the University and its agents or employees.

Insurance Coverage

I have sufficient health, accident, disability and hospitalization insurance to cover me during my internship; I further understand that I am responsible for the costs of such insurance and for the expenses not covered by this insurance, and I recognize that the University does not have an obligation to provide me with such insurance.

I assume full responsibility for any undisclosed physical or emotional problems that might impair my ability to complete the experience, and I release the University from any liability for injury to myself or damage to or loss of my possessions.

I understand that if I use my personal vehicle for the benefit of the organization with which I perform my internship, the University has no liability for personal injury or property damage that may result from that use. I agree to rely solely on my personal vehicle insurance coverage and on any insurance coverage provided by my internship agency.

I understand that I will not be entitled to unemployment compensation upon completion of my internship. Further, I understand that the University assumes no liability for personal injury which I may suffer in the course of my internship and agree to be responsible for establishing whether my internship agency provides workers compensation coverage for me.

Personal Conduct

I understand that the responsibilities and circumstances of an off-campus internship may require a standard of professional decorum. Therefore, I indicate my willingness to understand and conform to the professional standards of the internship site as well as to the core values of the University and to conduct myself accordingly. I further understand that it is important to the success of the present internship and the continuance of future internships that interns observe standards of conduct that would not compromise the University in the eyes of individuals and organizations with which it has dealings. I agree that should the supervising faculty member decide that I must terminate my internship because of conduct that might bring the program into disrepute, or the internship into jeopardy, that decision will be final and may result in the loss of academic credit.

General Release

I understand that Central Methodist University reserves the right to make cancellations, changes or substitutions in cases of emergency or changed conditions. I understand that the supervising faculty member may take any actions he/she believes to be warranted under the circumstances to protect my health and safety, including termination of the internship experience.

It is further expressly agreed that the internship site and its use of any and all facilities shall be undertaken by me at my sole risk and that the University shall not be liable for any and all claims, demands, injuries, damages, actions, or causes of action, whatsoever to me or to my property arising out of or connected with the internship and with the use of any and all services, or facilities associated with the internship, whether or not sponsored by the University. I release, discharge and covenant not to sue Central Methodist University, its governing board, employees or agents as to any and all liability that may arise out of injury or harm to me, death, or property damage, resulting from my participation in this internship. Furthermore, I understand as an intern with an organization, I am not considered an employee of the University.

Student Signature: _____ Date: _____

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